

GARAGE APPLICATION

APPLICANT INFORMATION

Policy Period Requested: From ____/____/____ To ____/____/____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone (____) _____

Years this business entity has been in operation? ____ If less than 3 years, explain in detail prior experience and any Specialized Training or Certification: _____

Business Entity: Individual Partnership Corporation LLC

What is your Website address? http://www. _____

GENERAL UNDERWRITING INFORMATION

1. Describe Your Operations

Dealer Auction Car Dealer Coml. Trailer Dlr. Motorcycle Dealer RV Dealer
 Truck Dealer Wholesaler With Salvage Yard
 Describe Other _____

Service Car Service & Repair Misc. Svs & Repair Repossessors Salvage Yard
 Tire Sales/Service Tow Truck Operator Truck Svs & Repair Valet & Parking
 Describe Other _____

Retail Sales Uninstalled Parts Accessories Clothing (List Gross Receipts on Page 4, Related Ops)

2. What percentage by type of vehicle do you sell or service? (*complete additional Questionnaire)
- | | | | |
|---------------------------------------|--------|--------------------------------------|--------|
| a. Cars, sport utility, pickups, vans | _____% | e. *Motorcycle & Off-road RV | _____% |
| b. *Commercial trucks & trailers | _____% | f. *Construction & Farming Equipment | _____% |
| c. Buses | _____% | g. *Salvage (used) parts | _____% |
| d. *RV (Motorhome, Camping Trailer) | _____% | h. Watercraft (including Jet Skis) | _____% |

3. Are you involved in any **additional business operations** other than what is described above: Yes No
If yes, describe: _____

4. Locations where you conduct Garage Operations (include Zip Code)

1] _____

2] _____

3] _____

4] _____

5. What other businesses use your location(s)? _____
6. Do you pick-up and deliver customers' vehicles? Yes No
If yes, how many times per Month? _____ and how far from your shop? _____ miles.
7. How many Transporter Plates do you have? _____ How many times a week are they used? _____
8. List ALL Owners, Employees and Drivers:

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

9. List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished:

Name	Date of Birth	Driver License Number	State of License	Will drive for or Work in business?	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Relationship

10. Have all members of your household been disclosed on this application? Yes No
If no, please explain: _____

11. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Yes No

12. Prior Carrier and Loss History for 3 Years No Known Losses See Loss Runs

Current Carrier _____ Policy Year _____ Premium _____
 Prior Carrier _____ Policy Year _____ Premium _____
 Prior Carrier _____ Policy Year _____ Premium _____

Date of Loss	Amount	Description of Loss and Driver Name (if any)

Sales Questions

- 13. Who drives or transports vehicles to your lot? Insured/Employees Contract Drivers Transporter
- 14. Do you drive or transport newly acquired autos more than 300 road miles (50 miles for KS, KY, NH, MD, ME or WV) from point of purchase to your lot? Yes No
If yes, how many trips per year? _____ and how far one-way for longest trip? _____ road miles.
- 15. How many vehicles do you sell per year? _____ How many of those are sold "sight unseen" over the internet? _____
How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)
- 16. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building
- 17. Where are vehicle keys kept when the lot is closed? Key Cabinet Taken Home In/On the Vehicle
- 18. How many dealer plates do you have? _____
- 19. Do you repossess vehicles? Yes No
If "Yes," explain: _____
- 20. Do you repair "salvage titled" vehicles prior to sale? Yes No
If "Yes," what percentages of repairs are:
Structural _____% Mechanical _____% Cosmetic _____%
- 21. Do you always ride along on test drives? Yes No

Service Questions

- 22. What percentage of your work is?

_____ % Alignment	_____ % Lift Kits	_____ % Tires
_____ % Body (not fiberglass)	_____ % Muffler	_____ % Trailer Hitches
_____ % Fiberglass	_____ % Oil & Lube	_____ % Transmission
_____ % Paint	_____ % Radiator	_____ % Tune Up
_____ % Brakes	_____ % Sound/Alarm System	_____ % Upholstery
_____ % Custom/Fabrication (Describe Below)	_____ % Wash/Detail	
_____ % Engine Overhaul	_____ % Suspension/Frame	
_____ % Roadside Assistance (If contracted with "auto club" attach copy of contract)		

 *Describe any other work done: _____
- 23. Do you sell gasoline or LPG? Yes No If "Yes," is it Self-Service Full Service
and how many gallons? Gasoline _____ LPG _____
- 24. Do you own/service any vehicles involved in racing or exhibition events? Yes No
- 25. If you paint, do you have a spray paint booth/room? Yes No
If "Yes," is booth/room ventilated? Yes No
If "Yes" is booth **UL** approved? Yes No
- 26. Do you tow for hire? Yes No
If "Yes," complete Tow Truck Operator Questionnaire.
- 27. If Tire Sales &/or Service (other than Motorcycle or Roadside Assistance) answer the following section:
 What percentage of your work is: Service only, no sales _____%; New Tires _____%; Used Tires _____%; Specialty Tires _____%;
 Off Road _____%; Racing _____%; Construction Equip _____%; Farm Equip _____%
 a. Describe in detail the tire service you provide: _____
 b. Do you sell new tires manufactured more than 3 years ago? Yes No
 c. When you sell less than a full set of 4 new tires do you always install them on the rear axle? Yes No
 d. Do you sell used tires manufactured more than 4 years ago, or with less than 4/32 of useable tread depth? Yes No
 e. Do you have a quality assurance program to prevent improper installation, faulty workmanship and mismatched tire sizes? Yes No
- 28. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building
- 29. Where are vehicle keys kept when the shop is closed? Key Cabinet Taken Home In/On the Vehicle

COVERAGE REQUESTED

Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 Add Broadened Coverages-Garage
 Additional Insured & Why _____
 Add Liability for these Related (non garage) Operations _____ Gross Receipts \$ _____
 Operations _____ Gross Receipts \$ _____ Operations _____ Gross Receipts \$ _____

Garagekeepers Limit \$ _____ per location Basis Legal Liability or Primary
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ In-Transit Limit per auto \$ _____

Dealers Physical Damage Limit \$ _____ per location
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ Drive-Away Road Miles _____
 Type of vehicles: New Used
 Interests Covered: Owner Owner and Creditor Consignment
 Loss Payee _____

Specifically Described Autos (use ACORD 127 for additional vehicles):

Auto No.	Year	Make	V.I.N.	Stated Amount

Auto No.	GVW	Use	Radius	Loss Payee

Medical Payments Limit \$ _____ Premises Only Combined
 Fire Legal Liability \$50,000 or \$ _____
 Commercial Property (attach ACORD 140 **and** TRIA2002Notice)

AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY:

Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)
 Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)

Remarks: _____

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

*Not applicable in all States

Signature of Applicant _____

Date ____/____/____

Agency Name _____

Agent's Signature _____

Date / /

Name of Applicant/Insured _____ Policy #GP_____

HEAVY VEHICLE & EQUIPMENT SERVICE QUESTIONNAIRE

1. What percentage of applicant's work is on?

- Boom Trucks/ Bucket Trucks _____%
- Buses _____%
- Emergency Vehicles _____%
- Truck Tractors _____%
- Semi-Trailers _____%
- Refrigerated Vans _____%
- Tank Trailers _____%
- Farm Equipment _____% Implements _____%
- Construction Equipment _____% Cranes _____%

2. What percentage of applicant's work is performed at?

- Your shop _____%
- Customer's Yard _____%
- Truck & Travel Center _____%
- Roadside _____%

3. What percentage of applicant's work is?

- Body & Paint _____%
- Brakes _____%
- Engine Overhaul _____%
- Fabrication _____% Answer Question 8
- FMCSA Safety Inspection _____% Answer Question 9
- Hydraulics _____%
- Lube & Oil _____%
- Power Train _____%
- Radiator _____%
- Refrigeration Unit (Trailer) _____%
- Repair Tank Trlrs (External) _____%
- Subcontracted out to others _____%
- Suspension/Frame _____%
- Tank Cleaning (Internal) _____%
- Tire Repair or Replacement _____%
- Tune Up _____%
- Wash & Detail _____%

4. Does applicant install, service or repair 5th Wheels? Yes No
If yes, what are the qualifications of the employees doing this work? _____

5. Does applicant make structural modifications to vehicles? Yes No
If yes, describe in detail _____

6. Are applicant's mechanics ASE Certified? Yes No
If not, how many years of training and experience do you require? _____

7. If applicant's employees drive extra-heavy trucks, truck tractors and semi-trailers away from garage premises on public roadways, do they have the required Commercial Driver's License (CDL)? Yes No

8. What parts, equipment, and accessories do you fabricate? _____

9. If applicant does FMCSA annual vehicle safety inspections, answer the following:

- a] Does Inspector understand the FMCSA inspection criteria? Yes No
- b] Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection? Yes No
- c] Has Inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? Yes No
- d] Does Inspector have at least one year of training and/or experience consisting of participation in a manufacturer sponsored training program; experience as a mechanic or inspector: in a motor carrier maintenance program; in a commercial garage; for a State or Federal government? Yes No

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* Not applicable in all states

Applicant Signature: _____ Date: _____

Agent Name: _____

Agency Name: _____

Email Address: _____

Phone Number: _____

Please select your underwriter from the dropdown: